

# **APPLICATION FOR LICENSE COMPANY**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **PLUMBERS' EXAMINING BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8627  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS**

## **License – Company**

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- License application and payment for \$175.00

Incomplete applications will be returned.

**QUALIFICATIONS** – A Company license is not required; however, any Master Plumber that wants to license a Company may do so. A licensed Master Plumber must be the validating Master in order for a Company license to be issued.

A company license will be terminated 30 days from the date of death or severance of the licensed Master Plumber in whose name the company license is held, unless the company applies for reissuance of said license in the name of another licensed Master Plumber.

# COMPANY LICENSE APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**PLUMBERS' EXAMINING BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8627 FAX: (207)624-8637  
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Cash #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Lic. #: \_\_\_\_\_

**4460-1446 \$ 25.00**

**4460-1424 \$ 150.00**

APPLICATION FEE: \$ 25.00 (non-refundable)

LICENSE FEE: \$150.00

TOTAL DUE: \$175.00

**PAYMENT OPTIONS:** ☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ in the amount of \$\_\_\_\_\_. Signature \_\_\_\_\_

**NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.** This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of Firm/Corporation or Partnership:

Contact Address of Firm/Corporation or Partnership:

City:

State:

Zip Code:

County:

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number or Federal I.D. Number:

### MASTER PLUMBER VALIDATING LICENSE

Name of Master Plumber:		License Number:
Contact Address of Master Plumber:		
City:	State:	Zip Code:
Work Telephone: (    )    -		Home Telephone: (    )    -

IS THIS A FIRM?                      ☐Yes   ☐No  
IF YES, ARE YOU A MEMBER OR AN EMPLOYEE? \_\_\_\_\_

IS THIS A CORPORATION?        ☐Yes   ☐No  
IF YES, ARE YOU AN OFFICER OR AN EMPLOYEE? \_\_\_\_\_

IS THIS A PARTNERSHIP?         ☐Yes   ☐No  
IF YES, ARE YOU A MEMBER OR AN EMPLOYEE? \_\_\_\_\_

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

\_\_\_\_\_  
Signature of Master Plumber

\_\_\_\_\_  
Date